



Bonne A. McHenry
762 Greenfield Road, Peterborough, NH 03458
603-547-2465

APPLICATION TO PREPARE QUALIFIED DOMESTIC RELATIONS ORDER

The Plan Participant or Divorced Spouse should complete as much of the information below as possible and mail to the above address. Fees must be prepaid, either by check or credit card (online), in the amount of \$400 for the first plan sponsored by an employer and \$150 for each additional plan sponsored by the same employer. Phone consultations are included. Please note: If you are unable to provide the requested information, additional time may be required to prepare the QDRO. Please call Bonne A. McHenry, if you would like assistance of any kind in this matter.

(PLEASE PRINT)

YOUR NAME _____

BIRTH DATE _____

SOCIAL SECURITY NUMBER _____

YOUR ADDRESS _____

YOUR TELEPHONE NUMBER(S) _____

YOUR ATTORNEY/MEDIATOR'S NAME _____

FIRM/COMPANY'S NAME _____

FIRM/COMPANY'S ADDRESS _____

FIRM/COMPANYS PHONE NUMBER _____

DATE MARRIED _____

DATE SEPARATED _____

DATE DIVORCED _____

DETERMINATION DATE TO VALUE BENEFIT _____

SPOUSE'S NAME _____

BIRTH DATE _____

SOCIAL SECURITY NUMBER _____

SPOUSE'S ADDRESS _____

SPOUSE'S TELEPHONE NUMBER(S) _____

SPOUSE'S ATTORNEY/MEDIATOR'S NAME _____

FIRM/COMPANY'S NAME _____

FIRM/COMPANY'S ADDRESS _____

FIRM/COMPANYS PHONE NUMBER _____

NAME OF PARTICIPANT IN PLAN(S) _____

OCCUPATION _____

EMPLOYER #1 NAME _____

EMPLOYER #1 ADDRESS _____

EMPLOYER #1 BENEFITS DEPT. CONTACT NAME _____

EMPLOYER #1 BENEFITS DEPT. CONTACT PHONE NUMBER _____

EMPLOYER #1 PLAN NAME _____

EMPLOYER #1 PLAN NAME (IF ADDITIONAL PLAN) _____

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(Continued)

EMPLOYER #2 NAME _____
EMPLOYER #2 ADDRESS _____
EMPLOYER #2 BENEFITS DEPT. CONTACT NAME _____
EMPLOYER #2 BENEFITS DEPT. CONTACT PHONE NUMBER _____
EMPLOYER #2 PLAN NAME _____
EMPLOYER #2 PLAN NAME (IF ADDITIONAL PLAN) _____

The following items **must** accompany this application:

- Check (if applicable) for full amount made payable to:
McHenry QDRO Consulting, LLC
- Copy of Marital Settlement Agreement or final divorce order provisions describing division of retirement benefits
- Copy of Case Caption (i.e., Court, Judge, Petitioner, Respondent, Case/Docket No.)
- Authorization signed by the participant to release information and plan documents to McHenry QDRO Consulting, LLC

Also, *if possible*, please include the following:

- Copy of most recent benefit statement(s)
- Summary Plan Description(s)
- Copy of plan QDRO procedures (for each plan)

I acknowledge that, by my signature on the forthcoming QDRO, I agree to hold McHenry QDRO Consulting, LLC, harmless from any claims or disputes I may have now or in the future with regard to pension benefits which are or are not paid based on language in the Order resulting from information my attorney/mediator or I have provided or resulting from information that has not been provided to McHenry QDRO Consulting, LLC.

PRINT CLIENT NAME _____

CLIENT SIGNATURE _____ DATE _____